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PATENT
IBM Docket No. POU920010013US1 10/028,525


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Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
on February 17, 2005

Susan L. Phelps


Signature

In the United States Patent and Trademark Office

Date: February 17, 2005

In re Application of: Bartfai et al.

Filed: 10/25/2001

For: **CRITICAL ADAPTER LOCAL ERROR HANDLING**

Serial Number: 10/028,525

Conf. No.: 4463

Art Unit: 2113

Examiner: J. Manoskey

Amendment

Mail Stop: Amendment
Hon. Commissioner for Patents
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Sir:



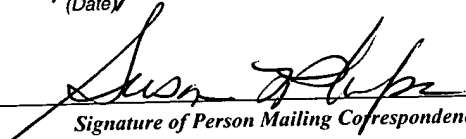
In response to the Office Action dated November 18, 2004, applicants submit this response traversing the rejection of applicants' claims 1-6 under 35 USC § 102 as discussed in the Remarks section following the Listing of Claims. Please amend the above-referenced application as follows:

Amendments to specification: See page 3.

Amendment to claims: None.

Amendments to the drawings: None.

Applicants' remarks are found on page 7 of the present submission providing specific reasons for the traversal of the rejection.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. POU920010013US1	
Applicant(s): Bartfai et al.					
Application No. 10/028,525	Filing Date 10/25/2001	Examiner J. Manoskey	Customer No. 33558	Group Art Unit 2113	Confirmation No. 4463
Invention: CRITICAL ADAPTER LOCAL ERROR HANDLING					
					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0463 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: Feb. 17, 2005		
LAWRENCE D. CUTTER, Senior Attorney Reg. No. 28,501 IBM Corporation IP Law Dept. 2455 South Road, M/S P386 Poughkeepsie, NY 12601 (845) 433-1172			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 2/17/05 (Date)  Signature of Person Mailing Correspondence SUSAN L. PHELPS Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					